

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services

DDE-458 (Rev. 01/2004)

STATE OF WISCONSIN

SOS Desk (608) 266-9198

Completion of this form meets the requirements of the State / County contract specified under the Wisconsin Statutes.

S. 46.031(2g)

HSRS ALCOHOL AND OTHER DRUG ABUSE MODULE

REGISTRATION - Screen A3 N, U or I

(Module Key:)

MODULE TYPE 6

| | | | | | | | | | |
|---|--|------------------------|--------------------------|---------------------------------------|--------------------------------|-----------------------------------|--|---|-----------------------|
| 1 Worker ID | | | 2 Social Security Number | | | 3 Client ID | | | |
| 4a Last Name | | | 4b First Name | | 4c Middle Name | | 4d Suffix | 5 Birthdate (mm/dd/yyyy) ____/____/____ | 6 Sex F / M |
| 7a Hispanic/ Latino Y = Yes N = No | 7b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native W = White | | 8 Client Characteristics | | 9 Start Date ____/____/____ | 10 Closing Date ____/____/____ | 11 Co-dependent / Collateral Y = Yes N = No | | 12 Referral Source |
| 13 Education at Time of Admission | | 14 Family Relationship | | 15 Brief Service Y = Yes N = No | | 16 Employment Status | | 17 Pregnant at Time of Admission Y = Yes N = No | |
| 18 Diagnosis | 19 Case Review Date ____/____/____ | 20 Family ID | | 21 Local Data | | 22 Special Project Reporting | | | |
| If "Yes" in fields 11 or 15, skip fields 25-29 Substance Problem | | | 23a Primary | | 23b Secondary | | 23c Tertiary | | 24 At Discharge |
| Usual Route of Administration | | | 25a Primary | | 25b Secondary | | 25c Tertiary | | |
| Use Frequency | | | 26a Primary | | 26b Secondary | | 26c Tertiary | | |
| Age of First Drug Use or Alcohol Intoxication | | | 27a Primary | | 27b Secondary | | 27c Tertiary | | |

SERVICES - Screen A4

(Module Key:)

| Prog. No. | 28 SPC Sub Prog | 29 SPC Start Date | 30 Provider Number | 31 Days of Care | 32 Other Units | 33 Delivery Date mm yyyy | 34 SPC End Date | 35 SPC End Reason | 36 Closing Status | | | 37 Target Group | 38 SPC Review Date | | |
|--------------|-----------------------|----------------------|--------------------|-----------------------|-------------------|----------------------------------|--------------------|-------------------------|----------------------|---|---|--------------------|-----------------------|------|--|
| | | | | | | | | | A | F | E | | mm | yyyy | |
| | | | | | | | | | | | | | | | |
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OPTIONAL DATA - Screen 18

(Module Key:)

| | | | | | | | | |
|----------------|--|--|------|--|-------|----------|--------|-------------------------|
| Street Address | | | City | | State | Zip Code | County | Telephone Number () |
|----------------|--|--|------|--|-------|----------|--------|-------------------------|

Shaded areas are optional.

HSRS ALCOHOL AND OTHER DRUG ABUSE MODULE CO-DEPENDENT / COLLATERAL OR BRIEF SERVICES

REGISTRATION - Screen A3 N, U or I

| | | | | | | | | | |
|---|--|--------------|---------------------------------------|--|---------------------------------|-------------|-----------------------------------|--|---|
| 1 Worker ID | | | 2 Social Security Number | | | 3 Client ID | | | |
| 4a Last Name | | | 4b First Name | | 4c Middle Name | | 4d Suffix | 5 Birthdate (mm/dd/yyyy) ____/____/____ | 6 Sex F / M |
| 7a Hispanic / Latino Y = Yes N = No | 7b Race (Circle up to 5) A = Asian B = Black or African American P = Native Hawaiian or Pacific Islander I = American Indian or Alaska Native W = White | | 8 Client Characteristics | | 9. Start Date ____/____/____ | | 10 Closing Date ____/____/____ | | 11 Co-dependent / Collateral Y = Yes N = No |
| 12 Referral Source | 15 Brief Service Y = Yes N = No | 18 Diagnosis | 19 Case Review Date ____/____/____ | | 20 Family ID | | 21 Local Data | | |

SERVICES - Screen A4 (Module Key:)

| Prog. No. | 28 SPC Sub Prog. | 29 SPC Start Date | 30 Provider Number | 32 Other Units | 33 Delivery Date (mm) (yyyy) | 34 SPC End Date | 37 Target Group | 38 SPC Review Date (mm) (yyyy) |
|-----------|------------------|-------------------|--------------------|----------------|-----------------------------------|-----------------|-----------------|-------------------------------------|
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OPTIONAL DATA - Screen 18 (Module Key:)

| | | | | | |
|----------------|------|-------|----------|--------|---------------------------|
| Street Address | City | State | Zip Code | County | Telephone Number () |
|----------------|------|-------|----------|--------|---------------------------|

Shaded areas are optional.